

Town of Westport  
**Parks & Recreation**Program Registration Form  
Spring/Summer 2010

NAME OF PARTICIPANT	DATE OF BIRTH	M/F	SCHOOL	GRADE IN SEPT. 2010

\* Please fill in these boxes if you are registering a child under the age of 18

**Contact Information for Participant or Parent/Guardian if participant is under age 18**

Last Name, First Name:		DATE OF BIRTH:
Address:		
Town/City:		
Home Phone:	Work Phone:	
Home or Work Email Address:		
Cell Phone:		

**Emergency Contact**

1 <sup>st</sup> Contact Name:	
Relationship:	Phone No:
2 <sup>nd</sup> Contact Name:	
Relationship:	Phone No:

Program Name	Program Code	Program Fee	Alternate Program	Office Use Only

☐ If the participant is an individual who has special accommodation requests or information that will be helpful to the instructor/leader, please check the box. You be asked to fill out an additional **Accommodation Form** and the Adaptive Recreation Coordinator will contact you.

Please list any allergies, medications or special health considerations we should be aware of:


Handpass Number \_\_\_\_\_ TOTAL PAYMENT DUE: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ AMEX, VISA or MC

**Waiver of Participant by parent or self:** In consideration of your accepting my or my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Westport or the Parks and Recreation Department; and its representatives, successors and assigns, for any and all injuries suffered by myself or my child at the activity sponsored by these groups. I understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence. **PHOTO RELEASE: THE WESTPORT PARKS AND RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES, CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES.** If any of the above participants are minors, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT

DATE